



CROWN Memorandum

Memo Number: 02-0034-GN

TO: ESRD Executive Directors, ESRD Data Managers

FROM: Matthew Leipold, Director, Division of ESRD Systems and Contract Management
Information Systems Group, OCSQ

DATE: December 13, 2002

SUBJECT: The 2002 End Stage Renal Disease (ESRD) Facility Survey and the Centers for
Disease Control (CDC) Hepatitis Survey--ACTION

This memo concerns the collection of the ESRD 2002 Facility Survey, covering the period of January 1, 2002 through December 31, 2002, and some recent changes to the process.

Here are the key issues for the survey process for this year: The Networks shall:

- Generate all 2744 forms from the Standard Information Management System (SIMS).
- Run mailing labels from SIMS and send the survey forms to the facilities;
- Run the final 2001 Facility Survey for mailing to the facilities (this replaces the Dialysis Summary Data Sheets previously provided by CMS);
- Replicate your facility surveys to the SIMS Central Repository by **APRIL 7, 2003**; and
- Networks will no longer be required to submit hard copy facility survey forms to CMS.

In order to comply with the generation of the 2744 forms in SIMS, the appropriate patient events **must** be entered into the SIMS database in order for the associated facility survey to balance and be computed. CMS has directed the SIMS contractor to remove the 2744 override capability from SIMS for all elements that can be derived from the patient events and Networks will not have the ability to override data driven fields on a 2744 form in SIMS. All corrections and balancing needs to be adjusted by manipulating the underlying patient events for that facility. Fields 03, 26 and 50 will allow a value of '0' if applicable. Overrides for these fields will no longer be necessary.

Networks must then run the Facility Survey Edit Reports. They will show any facility surveys that are missing (not on file) or that contain Serious Errors and what the Serious Errors are.

The Networks may ask questions of their facilities, as related to the Network contract, besides those appearing on the survey forms. However, the Networks may not make any changes to the survey forms themselves.

SIMS is now the authoritative source for ESRD facility provider data.

CMS will pull a data file from the SIMS Central Repository to generate the preliminary Facility Survey Reports on April 7, 2003. Any form that is not at the Central Repository by this date will be considered late and therefore an incomplete deliverable. Only complete, error free surveys will be included in the reports. Networks are responsible for making sure their data is replicated in a timely manner.

The preliminary Facility Survey Reports will be posted to the SIMS internal website for your review. The Networks must update SIMS with any corrections. Since CMS will have the ability to print hard copies of the 2744 from the Central Repository, the Networks will no longer be required to submit hard copy facility survey forms to CMS.

Marcia Andreychuk will continue to be the CMS contact if you need assistance from the CMS regional office in obtaining the CMS approved provider number. She can be contacted at (410) 786-0075 or Mandreychuk@cms.hhs.gov.

Additional facility survey forms and instructions are available in a PDF format at:
<http://www.cms.hhs.gov/esrd/5b.pdf>.

**Your corrected facility surveys must be replicated to the SIMS Central Repository
by May 16, 2003**

CMS will pull a data file from the SIMS Central Repository to generate the final 2002 Facility Survey Reports and Facility Survey PUF. They will be posted to the CMS website and the SIMS internal web site by June 27, 2003.

The Centers for Disease Control (CDC) Hepatitis Survey

CMS is requesting that you please submit your CDC surveys to Network 8. The surveys will be due to Network 8 by **April 7, 2003**.

Attachments (2)

cc:

ESRD Regional Office Project Officers

Kathy Sagel

Marcia Andreychuk

2002 ESRD FACILITY SURVEY

HELPFUL HINTS

Please note that for the 2002 Facility Survey process, kidney transplant facilities are **NOT** required to complete the Cadaver Kidneys section of the CMS-2744.

Again, the following instructions are being provided as a reminder for problems with provider numbers and reporting dialysis (outpatient and training) treatments.

PROVIDER NUMBERS

Facility Surveys must have a valid CMS approved provider number. Do not enter a facility survey that does not contain a valid provider number. If a regional office has issued a 2300 number or you are still unable to find a CMS-approved provider number, please call Marcia Andreychuk at (410) 786-0075. She will investigate with the CMS Regional Office to see if a CMS-approved provider number has been issued. The Information Systems Group will make every effort to obtain an approved number. **DO NOT MAKE UP A PROVIDER NUMBER.**

DIALYSIS TREATMENTS

Please be careful with the number of treatments reported by facilities in fields 36 through 41.

Numerous errors have been reported in the past when reporting the number of treatments on the facility survey. Make sure the number of treatments is within acceptable ranges, i.e., outpatient hemodialysis treatments should average 156 treatments per patient for the year (the maximum that can occur during a full year of treatment). If a provider is approved in the latter part of the year, determine the average number of treatments based on the number of months the provider has been operating.

Example: Provider X was approved in September and reported 20 hemodialysis outpatients at the end of the year. The number of hemodialysis outpatient treatments should be in the range of 1,000:

20 patients x 3 treatment per week = 60 treatments per week

60 treatments x 4 weeks = 240 treatments per month

240 treatments x 4 months = 960 treatments (Sept. through December)

Look for unusually large number of treatments in the other categories especially the number of reported training treatments. If there are unusual numbers appearing in these fields, investigate to see if the provider may be including home dialysis sessions.

IPD Outpatient Dialysis Treatments – Field #37 – There have been problems when reporting IPD Outpatient Dialysis Treatments in the past several years. These numbers should never be large. Should you enter a large number you will receive a warning in SIMS. There are an average of 100

patients reported each year for the entire country. If a facility reports a large number (like in the hundreds or thousands), this is most likely an error. Some providers may report their home patient information in the outpatient treatment fields – this is incorrect. You must call that provider if this occurs.

Reporting by Military Facilities

Please do not submit facility surveys for military hospitals. They will not be counted.

Reporting by VA Facilities

Beginning with the facility surveys for 2002, all VA facilities must comply with the submission of a facility survey, whether they are Medicare approved or not. This is a direct result of VHA Directive 2002-024 dated April 23, 2002, signed by Dennis H. Smith for Thomas L. Garthwaite, M.D. Under Secretary for Health. The Directive states: “It is VHA policy to fully comply with the data collection and submission requirements of CMS for patients with ESRD according to the procedures established by the ESRD Network Organizations.” This VHA Directive expires April 30, 2006.

PROPER REPORTING OF PATIENTS

Only those patients residing in your local SIMS database may be reported on. If you feel another network has not entered a ‘Transfer Out’ event for that patient, please contact the data manager at that network.

CORRECTION PROCEDURES

Networks must replicate their facility survey in its entirety to the SIMS Central Repository by **MAY 16, 2003** based on accurate underlying patient events. CMS will pull data from the SIMS Central Repository to create the final data file.

TRANSIENT PATIENTS

Please note that the definition of a transient patient has been updated on the facility survey instructions to correspond with the Information Management Section of the Network contract.

The new definition is: Transient Patients are those patients that an ESRD facility treats/supervises on an episodic basis, that is, treats the patient for less than 30 days continuously. Those patients who are treated for 30 days or more are counted as part of the regular patient caseload.

Calendar Year 2002 Facility Survey Timeline			
1	DECEMBER, 2002	CROWN Memo sent to Networks to request collection of calendar year 2002 data. Each Network will generate the final 2744s from 2001 for mailing to their facilities.	* Replaces the Dialysis Summary Data sheets previously provided by CMS.
2	DECEMBER, 2002 to APRIL 7, 2003	Networks enter 2002 event data associated with the Facility Survey process into SIMS. SIMS performs 'online edits' when a 2744 is generated.	<ul style="list-style-type: none"> * SIMS will be modified to stop Network 2744 override capability * SIMS will edit the ProvNum validating it is a CMS approved provider number (to be included in April 2002 SIMS Release) * SIMS will use the altprovnum to house associated CMS provider number (e.g., the '23' number.)
3	FIRST CONTRACT DELIVERABLE DUE: APRIL 7, 2003	Each Network has replicated their 2744s to the SIMS Central Repository	Surveys with Serious Errors can be replicated. The Network must enter the appropriate events into SIMS to eliminate Serious Errors.
4	APRIL&MAY 2003	<p>Each Network and CMS runs the new SIMS edit reports:</p> <p>Network Facility Survey Status - a listing of each facility survey submitted in numerical order by provider number. This report reveals any facility survey that contains Serious Errors or missing surveys.</p> <p>Network Facility Survey Status - this report shows, by provider number, what the Serious Errors are for a facility survey.</p>	SIMS will be modified to produce the Facility Survey Edit Reports. SIMS will be modified to stop Network override capability. The Network must enter the appropriate events into SIMS to eliminate Serious Errors.
5	MAY, 2003	CMS pulls a file from SIMS to create the Preliminary Facility Survey Reports and forwards the reports to the SIMS contractor to post to the internal SIMS website by the first week in May. CMS sends out a CROWN Memo telling Networks, ESRD RO POs, and QIG to review the Preliminary Reports. Networks must update SIMS with any corrections and replicate affected 2744s to SIMS CR by May 16, 2003.	SIMS will be modified so CMS can extract a file that can be used in the current SAS Facility Survey Reports generator. Only Complete (error free, with CMS approved provnums) Facility Surveys should be included in the extract file.
6	SECOND CONTRACT DELIVERABLE DUE: MAY 16, 2003	Each Network has replicated their corrected 2744s to the SIMS Central Repository.	
7	JUNE, 2003	<p>When the SIMS Facility Survey edit reports show no missing surveys or Serious Errors, CMS pulls the file from the SIMS Central Repository into SAS to create the FINAL Facility Survey Reports, the Facility Survey PUF, and 'Program Highlights' and posts them on the CMS website by June 27, 2003.</p> <p>CMS issues CROWN Memo telling all parties the Final Survey Reports are available on the website.</p>	Facility Survey PUF will be modified, deleting fields no longer supported.